PTO/SB/01 (6/95)

DECLARATION

Attorney Docket No. 8016-1 CIP

AS A BELOW NAMED INVENTOR, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe that I am the original, first and sole *(if only one name is listed below)*, or an original, first and joint inventor *(if plural names are listed below)*, of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE: **METHODS FOR TREATING PERVASIVE DEVELOPMENT DISORDERS**

the specification of which either is attached hereto or indicates an attorney docket no. 8016-1 CIP, or:

☐ was filed in the U.S. Patent & Trademark Office on _____ and assigned Serial No. _____,

☐ and *(if applicable)* was amended on _____,

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability and to the examination of this application in accordance with Title 37 of the Code of Federal Regulations §1.56. I hereby claim foreign priority benefits under Title 35, U.S. Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States, or §119(e) of any United States provisional application(s), listed below and have also identified below any foreign applications for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Priority Claimed:

_____ _____ _____ Yes [ ] No [ ]

(Application Number) *(Country)* *(Day/Month/Year filed)*

_____ _____ _____ Yes [ ] No [ ]

(Application Number) *(Country)* *(Day/Month/Year filed)*

I hereby claim the benefit under Title 35, U.S. Code, §120, of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application(s) in the manner provided by the first paragraph of Title 35, U.S. Code, §112, I acknowledge the duty to disclose information material to patentability as defined in Title 37, The Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

09/466,559 December 17, 1999 Pending

(Application Serial Number) *(Filing Date)* *(STATUS: patented, pending, abandoned)*

_____ _____ _____

(Application Serial Number) *(Filing Date)* *(STATUS: patented, pending, abandoned)*

I hereby appoint the following attorneys: **FRANK CHAU**, Reg. No. 34,136; and **JAMES J. BITETTO**, Reg No. 40,513; **FRANK V. DeROSA**, Reg. No. 43,584; and **GASPARE J. RANDAZZO**, Reg. No. 41,528, each of them o **F. CHAU & ASSOCIATES, LLP**, 1900 Hempstead Turnpike, Suite 501, East Meadow, New York 11554 to prosecute thi application and to transact all business in the U.S. Patent and Trademark Office connected therewith and with any divisional continuation, continuation-in-part, reissue or re-examination application, with full power of appointment and with full powe to substitute an associate attorney or agent, and to receive all patents which may issue thereon, and request that al correspondence be addressed to:

Frank Chau, Esq.
F. CHAU & ASSOCIATES, LLP
1900 Hempstead Turnpike, Suite 501
East Meadow, New York 11554
Area Code: 516-357-0091

I HEREBY DECLARE that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 U.S. Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST OR SOLE INVENTOR: Joan M. Fallon Citizenship U.S.A.

Inventor's signature: _____ Date: 11/7/06

Residence & Post Office Address: 830 Pelhamdale Avenue
New Rochelle, NY 10801

*PTO/SB/01 (6/95)

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			Priority Claimed:
(Application Number)	*(Country)*	*(Day/Month/Year filed)*	Yes [ ] No [ ]
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